Community Ties of America, Inc 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name:

David Ayling, RN

604 Maunaloa Hwy #D3 Kaunakakai, HI 96748

Adult Day Care Center (ADCC)

Deficiency Report

D			Deficiency Report
Date of R	eview: 4/15/2019	Last Date items below must be submitted to CTA:	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	11	Administration	
ок	12	Personnel and Staffing	
ок	13	Admissions	
ОК	14	Participant Fees	·
ок	15	Transportation	
ок	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	
e CTA Co	ompliance Manager	has reviewed the above items with me	I e and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a
itten plan	of correction to CT/	A within the timeframe stated above.	and provide a
	If this box is chec	ked then I understand that I met all r	requirements and no corrective action is required
NAN TNIS	IE:	Kari Kaahanu	
GNATUR	E:	A Jeksoli	
		1 A A A A A A	Date: 4/15/19
mpliance	Manger Signature_	2 Allean	Date: 4/15/19